

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-89) | | | | SERIAL NO. | FILING DATE |
|---|----|------------------------|------|------------------------|-------------|
| | | | | APPLICANT/ | |
| CLAIMS | | | | | |
| AS FILED | | AFTER 1/2 ALCOHOLIC | | AFTER 2/3 ALCOHOLIC | |
| | | 6K.O. | DEF. | 6K.O. | DEF. |
| 1 | 1 | | | | |
| 2 | | | | | |
| 3 | 1 | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | 1 | | | | |
| 8 | | | | | |
| 9 | 1 | | | | |
| 10 | 1 | | | | |
| 11 | 1 | | | | |
| 12 | 1 | | | | |
| 13 | 1 | | | | |
| 14 | 1 | | | | |
| 15 | 1 | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |
| 35 | | | | | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | | | | | |
| 41 | | | | | |
| 42 | | | | | |
| 43 | | | | | |
| 44 | | | | | |
| 45 | | | | | |
| 46 | | | | | |
| 47 | | | | | |
| 48 | | | | | |
| 49 | | | | | |
| 50 | | | | | |
| TOTAL 6K.O. | 3 | 1 | 1 | 1 | 1 |
| TOTAL DEF. | 12 | 1 | 1 | 1 | 1 |